

NORTH CAROLINA DIVISION OF AGING  
and  
\_\_\_\_\_ AREA AGENCY ON AGING

**MONITORING TOOL FOR TRANSPORTATION SERVICES**

Community Service Provider: \_\_\_\_\_  
Review Date: \_\_\_\_\_ State Fiscal Year: \_\_\_\_\_  
Interviewer: \_\_\_\_\_  
Person(s) Interviewed and Title: \_\_\_\_\_

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PROGRAM ADMINISTRATION

Provisions of the Standard

1. The agency has a transportation coordinator with at least a high school diploma or a GED certificate. Yes\_\_ No\_\_  
(Page 3 of the Transportation Service Standards)

Documentation verifying compliance: \_\_\_\_\_

Comments: \_\_\_\_\_

2. The agency employs drivers who:

a. are 18 years of age or older; Yes\_\_ No\_\_

b. hold a valid North Carolina drivers license for the class of vehicle they are to operate; and Yes\_\_ No\_\_

c. have two years driving experience. Yes\_\_ No\_\_

(Page 3 of the Transportation Service Standards)

Documentation verifying compliance: \_\_\_\_\_

Comments: \_\_\_\_\_

3. If the agency utilizes volunteers to provide transportation, then the agency:

a. maintains volunteer records; and Yes\_\_ No\_\_

- b. provides or assures minimum vehicle coverage, for all volunteers, as required by the State of North Carolina. Yes\_\_ No\_\_  
(Pages 3-4 of the Transportation Service Standards)

Documentation verifying compliance: \_\_\_\_\_

Comments: \_\_\_\_\_

4. All vehicles utilized by the agency to transport clients have been properly inspected by the state and have a current inspection sticker. Yes\_\_ No\_\_  
(Page 4 of the Transportation Service Standards)

Documentation verifying compliance: \_\_\_\_\_

Comments: \_\_\_\_\_

5. All vehicles utilized by the agency to transport clients have adequate liability insurance (for paid and/or volunteer staff) as required by the State of North Carolina. (An unexpired vehicle registration indicates minimum liability insurance is maintained on the vehicle as required by the State of North Carolina.) Yes\_\_ No\_\_  
(Page 4 of the Transportation Service Standards)

Documentation verifying compliance: \_\_\_\_\_

Comments: \_\_\_\_\_

6. The agency has written policies and procedures establishing priority for:

- a. ridership; Yes\_\_ No\_\_  
b. destination and purpose of trip; Yes\_\_ No\_\_  
c. geographic area covered; and Yes\_\_ No\_\_  
d. routes and schedules for providing services. Yes\_\_ No\_\_  
(Page 4 of the Transportation Service Standards)

Documentation verifying compliance: \_\_\_\_\_

Comments: \_\_\_\_\_

7. The agency has written policy and procedures regarding accidents and traffic violations involving agency vehicles. Yes\_\_ No\_\_  
(Page 4 of the Transportation Service Standards)

Documentation verifying compliance: \_\_\_\_\_

Comments: \_\_\_\_\_

8. The agency shows coordination of transportation services through:

a. coordination with other service providers (i.e. TDP, Memorandum of Understanding, referrals); Yes\_\_ No\_\_

b. development of voluntary and private resources available; and Yes\_\_ No\_\_

c. policy indicating back-up procedures for transportation arrangements. Yes\_\_ No\_\_

(Page 4 of the Transportation Service Standards)

Documentation verifying compliance: \_\_\_\_\_

Comments: \_\_\_\_\_

9. The agency has submitted a transportation addenda to the Division of Aging for the current fiscal year. Yes\_\_ No\_\_  
(Page 4 of the Transportation Service Standards)

Documentation verifying compliance: \_\_\_\_\_

Comments: \_\_\_\_\_

10. If there is a current locally approved transportation development plan (TDP), the plan indicates that the agency participates in the TDP. Yes\_\_ No\_\_  
(Page 4 of the Transportation Service Standards)

Documentation verifying compliance: \_\_\_\_\_

Comments: \_\_\_\_\_

11. The agency has displayed a poster on cost-sharing or documentation exists that a brochure/flyer/leaflet was distributed to each Transportation service recipient. Yes \_\_\_ No \_\_\_  
(Page 117 of the Home and Community Care Block Grant Procedures Manual for Community Service Providers)

Documentation verifying compliance: \_\_\_\_\_

Comments: \_\_\_\_\_

12. The agency's cost-sharing poster/brochure/flyer/leaflet includes:

- a. the purpose of Service Cost-Sharing; Yes \_\_\_ No \_\_\_  
b. the agency's suggested Service Cost-Sharing schedule; Yes \_\_\_ No \_\_\_  
c. the total cost of the service per unit; Yes \_\_\_ No \_\_\_  
d. a statement indicating that services will not be terminated for failure to share in the cost of services received. Yes \_\_\_ No \_\_\_

(Page 117 of the Home and Community Care Block Grant Procedures Manual for Community Service Providers)

Documentation verifying compliance: \_\_\_\_\_

Comments: \_\_\_\_\_

13. The agency's suggested cost-sharing schedule includes the Division of Aging's income ranges for Service Cost-Sharing and the corresponding cost-sharing percentages are not less than the percentages identified in the Division of Aging's Service Cost-Sharing policy and procedures. Yes \_\_\_ No \_\_\_  
(Page 116 of the Home and Community Care Block Grant Procedures Manual for Community Service Providers)

Documentation verifying compliance: \_\_\_\_\_

Comments: \_\_\_\_\_

14. The agency's suggested cost-sharing schedule includes an amount or percentage that is requested from those individuals whose income is below 150% of poverty. Yes \_\_\_ No \_\_\_  
(Page 115 of the Home and Community Care Block Grant Procedures Manual for Community Service Providers)

Documentation verifying compliance: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

#### **SUMMARY OF RECORD REVIEW**

For the client record review section, pull a random sample of 5-10% of the active client files, or not less than 10. If less than 10 files, examine all files. Use the attached questions to review each client file. You will need to make a copy of the attached questions for each client file reviewed. After reviewing the client files, complete the questions listed below to summarize client record information.

Of the \_\_\_ (number) of records reviewed,

15. Out of \_\_\_ (number) of clients needing the registration information updated, \_\_\_ (number) had completed updates; and  
16. \_\_\_ (number) had a completed client intake form.

Additional Comments; \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Unit Verification

**Verified** source documentation exists that unit(s) reported, and for which reimbursement has been received, were in fact received by the specified person on the date(s) indicated on the Unit of Service Report - DoA ZG901, 902, 903, or comparable document.

Yes\_\_ No\_\_

**SOURCE DOCUMENTATION** for Transportation service is the \_\_\_\_\_, located in \_\_\_\_\_.

If the DoA ZG901, 902, 903, or comparable document contains 10 or fewer clients reported as receiving a unit(s), **sample all persons and all units**. If 11 or more persons are reported, sample 10% of the persons, or not less than 10, and **all units** reported for each person in the sample.

Attach {as part of work papers} Unit of Service Report used to sample clients and units. **IDENTIFY ON THIS REPORT** the names of the persons sampled and the sampled date(s) on which units were reported as being provided.

Number of UNITS found unverifiable \_\_\_\_\_

This represents \_\_\_\_\_% of the total units reported for the month of \_\_\_\_\_, 199\_\_.

Identify by client the date(s) on which a unit(s) could not be verified;

CLIENT NAME	DATE (S)	UNVERIFIED UNITS
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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Additional Comments: \_\_\_\_\_

Signature of AAA Administrator/DoA Staff \_\_\_\_\_ Date \_\_\_\_\_

(Copy and give to provider if Unverifiable Units are found)

## RECORD REVIEW QUESTIONS

Client Name \_\_\_\_\_  
Date of Review \_\_\_\_\_  
Interviewer \_\_\_\_\_

1. The agency has updated client registration information every twelve (12) months. Yes\_\_ No\_\_  
(Page 5 of the Transportation Service Standards)

Documentation verifying compliance: \_\_\_\_\_

Comments: \_\_\_\_\_

2. The agency maintains a completed intake form addressing: name, address, date of birth, next of kin and/or other pertinent data for all clients. Yes\_\_ No\_\_  
(Page 5 of the Transportation Service Standards)

Documentation verifying compliance: \_\_\_\_\_

Comments: \_\_\_\_\_

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Comments: \_\_\_\_\_



